

INTAKE SHEET

I. Child's Identification Information

Name	Nickname:
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Sex:	Birthdate	Name of school, if attending:
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II. Family Information: Parents or Guardians

Name	Address	Place of Employment	Work Phone
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_____ Single _____ Married _____ Divorced _____ Separated _____ Foster Parent

Names and ages of other children in the home:

<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

III. Emergency Contact

Name	Address	Place of Employment	Work Phone
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IV. Play and Sociability

- How does your child get along with other children? _____

- His/Her usual playmates are _____ girls _____ boys _____ older _____ younger
- What is the usual size of your child's neighborhood playgroup?
- Previous group experience other than school: _____ Preschool _____ Playgroup _____ Sunday School
- _____ Other (Specify) _____

V. Personality and Emotional Development

- Is your child affectionate? _____ To whom? _____
- Does she/he accept new people easily? _____ YES _____ NO
- What are your child's fears? _____
- Is your child usually happy? _____ YES _____ NO
- What nervous habits does your child have? _____

VI. Discipline

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- When you find it necessary to discipline your child, which parent usually does this and how? _____
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VII. Infants and Toddlers

- Has your baby had any feeding problems? _____ YES _____ NO
If yes, please explain _____
- Have you noticed any allergies or sensitivities to particular foods? _____
- Is your baby: Breast fed? _____ Bottle fed? _____
- What food is your baby eating now?

Fruits _____	Juices _____
Vegetables _____	Meats _____
Cereals _____	Milk (Formula) _____
- Sleep habits during the day: _____
- Does your child have a "fussy" time? When? _____
- How do you handle this "fussy" time? _____
- Do you have special ways of helping your baby go to sleep? If yes, how. _____
- Does your child use a pacifier or suck thumb/fingers? _____
- Has toilet training been attempted? Yes No What is used at home? _____
- Is baby's skin highly sensitive? Yes No What is used at home? _____
- How does your child relate to strangers?
- Is your child frightened by anything? _____

VIII. Other Information: Please list some of your child's favorite:

Snacks & Drinks: _____

Games: _____

Other Activities: _____

Give any other information you believe will be helpful to us in understanding your child. _____
